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EDITORIAL

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The zeal of medical practitioners who deal with the venereal diseases and an appreciation of the great problem confronting them lead to some reflections on past and present conditions in this field. It is usually a sign of a laudable demand for improvement when the customary measures are no longer regarded as being entirely satisfactory. This spirit of unrest is made manifest in a review of some aspects of venereal diseases control given at a meeting of the Medical Society for the Study of Venereal Diseases and reported in the present number of this *Journal*.

In spite of the often unsupported efforts of medical practitioners whose main interest has been the care of those afflicted with venereal disease and the advancement of our knowledge of the subject, this important division of preventive medicine maintains only a precarious foothold among the recognized medical specialities. Venereology appears to be regarded generally as the lowliest of all the special medical services—a veritable Cinderella of specialities whose activities are relegated often literally to a semi-basement.

The stigma attached to these diseases by the public is by no means absent from the view of many medical practitioners who have little or no contact with the work. Does this stigma cast its shadow on those who treat such disorders? Is this one of the reasons why so few are prepared to take up the work as a speciality?

No public health service can be expected to function efficiently when the training and the skill of its medical staff are not maintained at a reasonably high level. The capabilities and credentials of medical officers in the past have ranged over a wide field and only too often the available local medical talent has had to suffice and has necessarily been unduly limited. The standard of experience and tuition set up about ten years ago by the Ministry of Health, which involves attendance at a large venereal diseases clinic for 130 hours during a period of three months, was intended to lay down only the minimum scale of skill and experience required in a medical officer to a clinic. It is unfortunate and unexpected that the attainment of this standard is regarded by many of the uninitiated as constituting all that is required for a full knowledge of what is essentially a highly specialized subject. For no other speciality is so little experience regarded as being apparently sufficient to produce a knowledgeable practitioner.

The location of many small clinics has rendered it inevitable that they should be staffed by medical officers who, although industrious and willing, cannot give their best to a work that is little more than a side-line. Would the institution of a Diploma of Venereology requiring a long and thorough period of tuition and practical training raise the general level of interest and of skill of the clinic medical officer? Would not the scheme be improved by a much closer or even by a complete central national control? A divided control such as exists at the present time seems to lead to many anomalies and disadvantages.

That the Medical Society for the Study of Venereal Diseases is actively concerned in such problems is evident from their intention to form a subcommittee to inquire into these and other aspects of the control of venereal diseases.